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APPLICANTS

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** CONTINUING DATA *****

mk

** FOREIGN APPLICATIONS *****

mk

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 09/11/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met
☒ yes ☐ no ☐ met after Allowance

Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *mk*

ADDRESS
 36802
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TITLE
 System and method for detecting cardiac ischemia based on T-waves using an implantable medical device

FILING FEE RECEIVED 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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